

# LICENSE PLATES CANCELLATION APPLICATION

Wisconsin Department of Transportation

MV2514 498

**Please print or type**

|   |                     |                               |
|---|---------------------|-------------------------------|
| Plate Owner(s) Name - Last, First, M.I.       |                     |                               |
| Street Address                                |                     |                               |
| City, State, Zip Code                         |                     |                               |
| Telephone Number between 7 a.m. and 4:30 p.m. |                     |                               |
| License Plate Number                          | Vehicle Year / Make | Vehicle Identification Number |

Plate(s) Disposition

- ☐ Stolen
- ☐ Destroyed
- ☐ Left on vehicle when sold
- ☐ Still in my possession
- ☐ Other, please explain:

Vehicle Disposition

- ☐ Still owned by me
- ☐ Stolen
- ☐ Junked
- ☐ Sold
- ☐ Other, please explain:

Name/Address of Person in Possession of Plate(s) if other than plate owner listed above

Date disposed of (if applicable)

Name/Address of Person in Possession of Vehicle if other than plate owner listed above

**Note:** This information is only pertinent to municipalities in situations involving the Traffic Violation Registration Program.

**X**

(Plate Owner Signature)

**X**

(Plate Owner Signature)

## Mail To:

Wisconsin Department of Transportation  
P O Box 7909  
Madison WI 53707-7909